MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)									APPLICANT(S)							
							(LAIN	15							
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		T		+		
1	IN	<u>D. </u>	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP	IND.	D	
	++		7	 	 	 			61	ļ		-			Ŀ	
3	_	_	-	 	 				52	ļ	 	 				
4		\neg	7	 					53	 			 		4_	
5		\top	1	 				ŀ	54	 					↓_	
6			1	1				ŀ	<u>55</u>				┼		╄-	
7			7						57			+	 	 	╁	
8			<i>[</i>						58						-	
9								ľ	59			 	╁	╅	╂	
10		4	/					Ī	60			1	 	 	┼	
11	┽	-	7					ſ	61			 	 	 	╁	
12	+	-]		62			\top	 	+	-	
13	┪	+	<u>/</u>						63					1	†	
14	+	-+-	/ 	 					64					 	 	
15 16	+	+	;						65					T	\vdash	
17	+		1					Ļ	66							
18	+		7						67						 	
19	1		1					1	68							
20	†	+	1					-	69							
21		†	7-					-	70				·			
22		\top	7					-	71							
23		丁	$\neg \uparrow$		-+			 -	72							
24								⊢	73					·		
25								-	74				<u>:</u>			
26								H								
27								-	76							
28								-	78							
29		\perp						<u> </u>	79							
30	<u> </u>	4_							80							
31		4-							81							
3		+-							82							
34		+-							83							
35		+-	-+					L	84							
16		+-						<u> </u>	85							
17		+							86						_	
8		+-						<u> </u>	87		$-\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$					
9		+-						_	88							
0		+-						_	89						_	
1			_			-		-	90			∤-				
2		1						<u> </u>	91	$-\!\!\!\!\!+$		\longrightarrow				
3								-	92		$-\!\!\!+$					
4		T	_					-	93						····	
5					$\neg +$											
6		1			-+				95	-						
7			_	+-				-	96							
8									98							
9									99							
0			\Box		_			-	00							
4L	3		T		.			TO	TAL							
AL	δn	4	}		┛┡		.	IND) <u>. </u>		1		1	J.	1	
	<u>au</u>	legazione.	Wivers)					DEF	AL	4-	- -	•	, 「	-	٠	
MS .	23						# WHENCE	TOT		1000			ı			

SERIAL NO.